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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                                              |                                             |              |                                            |   | Application or Docket Number 10/085,539 Filing Date 02/26/2002 |                                         |    | To be Mailed          |                        |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------|--------------------------------------------|---|----------------------------------------------------------------|-----------------------------------------|----|-----------------------|------------------------|
| APPLICATION AS FILED – PART I<br>(Column 1) (Column 2)                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                                              |                                             |              |                                            |   | SMALL ENTITY                                                   |                                         |    |                       | HER THAN<br>ALL ENTITY |
| FOR                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | NUMBER FI                                                                                                                                                                    | LED                                         | NUMBER EXTRA |                                            | П | RATE (\$)                                                      | FEE (\$)                                | П  | RATE (\$)             | FEE (\$)               |
|                                                                         | BASIC FEE<br>(37 CFR 1.16(a), (b),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | or (c))                                   | N/A                                                                                                                                                                          |                                             | N/A          |                                            |   | N/A                                                            |                                         | ]  | N/A                   |                        |
|                                                                         | SEARCH FEE<br>(37 CFR 1.16(k), (i), o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | or (m))                                   | N/A                                                                                                                                                                          |                                             | N/A          |                                            |   | N/A                                                            |                                         | ]  | N/A                   |                        |
|                                                                         | EXAMINATION FE<br>(37 CFR 1.16(o), (p),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | E<br>or (q))                              | N/A                                                                                                                                                                          |                                             | N/A          |                                            |   | N/A                                                            |                                         |    | N/A                   |                        |
| TO1<br>(37                                                              | TAL CLAIMS<br>CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           | minus 20 =                                                                                                                                                                   |                                             | •            |                                            | П | x \$ =                                                         |                                         | OR | x \$ =                |                        |
|                                                                         | DEPENDENT CLAIM<br>CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | minus 3 =                                                                                                                                                                    |                                             | •            |                                            |   | x \$ =                                                         |                                         | 1  | x \$ =                |                        |
|                                                                         | APPLICATION SIZE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FEE sheet is \$2 addi                     | If the specification and drawing<br>sheets of paper, the applicatio<br>is \$250 (\$125 for small entity)<br>additional 50 sheets or fractior<br>35 U.S.C. 41(a)(1)(G) and 37 |                                             |              | n size fee due<br>for each<br>thereof. See |   |                                                                |                                         |    |                       |                        |
|                                                                         | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                                                                              |                                             |              |                                            |   |                                                                |                                         | ]  |                       |                        |
| * If t                                                                  | * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                                                                              |                                             |              |                                            |   |                                                                |                                         | ]  | TOTAL                 |                        |
| L                                                                       | APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                                                                              |                                             |              |                                            |   |                                                                | OTHER THAN SMALL ENTITY OR SMALL ENTITY |    |                       |                        |
| AMENDMENT                                                               | 12/21/2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                                                                                                                              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |              | PRESENT<br>EXTRA                           |   | RATE (\$)                                                      | ADDITIONAL<br>FEE (\$)                  |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |
| ME                                                                      | Total (37 CFR<br>1.18(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | • 7                                       | Minus                                                                                                                                                                        | ·· 41                                       |              | = 0                                        | П | x \$ =                                                         |                                         | OR | X \$50=               | 0                      |
| Ϊ                                                                       | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • 2                                       | Minus                                                                                                                                                                        | ···7                                        |              | = 0                                        | П | x \$ =                                                         |                                         | OR | X \$210=              | 0                      |
| Ā                                                                       | Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                                                                                                                                                                              |                                             |              |                                            |   |                                                                |                                         |    |                       |                        |
| _                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                                              |                                             |              |                                            |   |                                                                |                                         | OR |                       |                        |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                                              |                                             |              |                                            | • | TOTAL<br>ADD'L<br>FEE                                          |                                         | OR | TOTAL<br>ADD'L<br>FEE | 0                      |
| ᆫ                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Column 1)                                | _                                                                                                                                                                            | (Column 2                                   | _            | (Column 3)                                 | _ |                                                                |                                         |    |                       |                        |
| L                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                                                                                                                              | HIGHEST<br>NUMBER<br>PREVIOUS<br>PAID FOR   | R<br>SLY     | PRESENT<br>EXTRA                           |   | RATE (\$)                                                      | ADDITIONAL<br>FEE (\$)                  |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |
| AMENDMENT                                                               | Total (37 CFR<br>1,18(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           | Minus                                                                                                                                                                        | **                                          |              | -                                          | П | x \$ =                                                         |                                         | OR | x s =                 |                        |
| Σ                                                                       | Independent<br>(37 CFR 1/16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | Minus                                                                                                                                                                        | ***                                         |              | =                                          | П | x \$ =                                                         |                                         | OR | x s =                 |                        |
| 핆                                                                       | Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                                                                                                                                                                              |                                             |              |                                            | П |                                                                |                                         | ]  |                       |                        |
| AM                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                                              |                                             |              |                                            | П |                                                                |                                         | OR |                       |                        |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                                              |                                             |              |                                            | • | TOTAL<br>ADD'L<br>FEE                                          |                                         | OR | TOTAL<br>ADD'L<br>FEE |                        |
| *** If                                                                  | If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the 1-lighest Number Previously Paid For IN THIS SPACE is les |                                           |                                                                                                                                                                              |                                             |              |                                            |   |                                                                |                                         |    |                       |                        |

This collection of information is required by 37 CFR. 1.16. The information is required to obtain or retain a benefit by the public with in is to life (and by the USFTO to process) an application. Confidentiality is ownered by 80 USs. C. 122 and 37 CFR. 1.4. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, VA 22313-1450.